| - | | | |
|---|----------|--------|-------------|
| V | PART B - | FEE(S) | TRANSMITTAI |

omplete and send this form, together with applicable fee(s), to: Mail

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| Shawna Cannon Lemon, | #53,888 ⁻ | (Depositor's name) |
|----------------------|-----------------------------|--------------------|
| Thomas landon | - | (Signature) |
| October 21, 2004 | | (Date) |
| | | |

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|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/747,514 | 12/21/2000 | Paul V. Phibbs | 5218.87 | 1007 |

TITLE OF INVENTION: CATABOLITE REPRESSION CONTROL (CRC) GENE AND PSEUDOMONAS VIRULENCE

| APPLN. TYPE | SMALL ENTITY | ISSUE FI | EE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--|---|------------------------------|------------|--|-----------------------------|--------------|
| nonprovisional | YES | \$665 | | \$300 | \$965 | 11/01/2004 |
| EXAN | MINER | ART UN | IT | CLASS-SUBCLASS |] | |
| GIBBS, | TERRA C | 1635 | | 435-006000 | | |
| 1. Change of correspondence CFR 1.363). | e address or indication of "F | ee Address" (37 | | nting on the patent front page, li ames of up to 3 registered pate | Myara | Bigel Sibley |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | or agents OR, alternatively, | | & | & Sajovec | |
| ☐ "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. | ion (or "Fee Address" Indica or more recent) attached. Use | tion form e of a Customer | 2 register | me of a single firm (having as l attorney or agent) and the nan ed patent attorneys or agents. If name will be printed. | nes of up to f no name is 3 | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Greenville, NC

| 4a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): |
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| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | □ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2). |

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October 21,

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